

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/566254</div>	FILING DATE	
							APPLICANT(S)		
<b>CLAIMS</b>									
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/						
2		/		/					
3		/		/					
4		3		/					
5	1		1						
6		/		/					
7		/		/					
8		3		/					
9		0		/					
10		0		/					
11		0		/					
12		0		/					
13		0		/					
14		0		/					
15		0		/					
16		0		/					
17		0		/					
18		0		/					
19		0		/					
20		0		/					
21		0		/					
22	/		1						
23	/	/	/	/					
24	/		/						
25		/		/					
26		/		/					
27		3		/					
28		3		/					
29		/		/					
30		/		/					
31		0		/					
32		0		/					
33		0		/					
34	/		/						
35		/		/					
36		/		/					
37		1		/					
38		0		/					
39		0		/					
40		0		/					
41		0		/					
42		0		/					
43		0		/					
44		0		/					
45		0		/					
46		0		/					
47	/		/						
48		/		/					
49		/		/					
50		/		/					
TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
51		0		/					
52		0		/					
53		0		/					
54		0		/					
55		0		/					
56		0		/					
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	6	↓	4	↓		↓			
TOTAL DEP.	60	←	50	←		←			
TOTAL CLAIMS	66		56						